

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

INDIVIDUAL VOLUNTEER SERVICES AGREEMENT

1. Agreement Number

2a. Name of Volunteer (*print or type*)

2b. Social Security Number

2c. Telephone (*include area code*)

2d. Address (*include zip code*)

2e. Date of Birth

3a. Person to Notify in an Emergency

3b. Relationship to Volunteer

3c. Address (*include zip code*)

3d. Telephone (*include area code*)

Home -

Work -

4. *Project or Job Description (Brief summary of work to be accomplished. If need be, use item 7 on reverse side or attachment to more fully describe the work and Volunteer's duties):*

BLM Project Supervisor \_\_\_\_\_ Title Position \_\_\_\_\_ Phone \_\_\_\_\_

5. **Agreement by Volunteer:** I offer and agree to volunteer my services without compensation in wages to accomplish the work described above to assist the Bureau of Land Management (BLM), in accord with the following understandings.

a. I will contribute my services from \_\_\_\_\_ (date) to \_\_\_\_\_ (date), and intend to contribute \_\_\_\_\_ hours per \_\_\_\_\_ (time period).

b. Although this volunteer service will not confer on me the status of a Federal employee, while acting within the scope of this Agreement I will be deemed to be as if I were a Federal employee for the purposes of the:

(1) Federal Tort Claims Act, which protects a Federal employee from liability for injury or damage to others while the employee is acting within the scope of his or her duties, and

(2) Federal Employees Compensation Act, which authorizes compensation for work-related injury.

(3) Claims relating to damage to, or loss of, personal property incident to volunteer service in which case the provisions of 31 U.S.C. 3721 shall apply.

c. I am at least 18 years old (*or if I am less than 18, my parent or guardian consents to this Agreement by signature below*).

d. I understand the health and physical-condition requirements for doing the work described in item 4 above, and the project location including altitude, and certify that the statement I have checked below is true:

☐ I know of no medical condition or physical limitation that may adversely affect my ability to do this work.

☐ I do know of a medical condition or physical limitation that may adversely affect my ability to do this work, and I have explained this to \_\_\_\_\_ (name of BLM official).

e. It is understood that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services, as specifically contracted for and attached as an addendum hereto, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.

(Continued on reverse)

f. This volunteer is authorized to wear the BLM uniform while performing official BLM volunteer services. The uniform shall be worn in accordance with Manual Section 1103 available from the local BLM Volunteer Coordinator.

g. Either I or BLM may terminate this Agreement at any time by notifying the other party in writing.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian (if Volunteer is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Name (print or type) \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_

6. **Agreement by BLM:** The BLM accepts this offer and agrees, while this Agreement is in effect, to:

a. Deem this Volunteer to be as a Federal employee for purposes of tort-claims protection and compensation for work-related injury.

b. Provide or provide for such materials and supplies, equipment, support services, facilities and supervision as are needed to accomplish this project, except as specified in an attachment, marked \_\_\_\_\_. Any special provisions, such as concerning expenses, are set forth in an attachment, marked \_\_\_\_\_.

Signature of BLM Official \_\_\_\_\_ Name (print or type) \_\_\_\_\_

Title/Position \_\_\_\_\_ Office Location \_\_\_\_\_ Date \_\_\_\_\_

7. Elaboration of Volunteer's duties or modifications or amendments to this agreement.

8. **Completion or Termination:** This agreement was completed/terminated (cross out one) on \_\_\_\_\_ (date).

Remarks:

Signature of BLM Official \_\_\_\_\_ Signature of Volunteer \_\_\_\_\_

**Authority:** Section 307, Federal Land Policy and Management Act of 1976 (43 U.S.C. 1737), as amended by P.L. 98-540 of 1984 (98 Stat. 2718).